



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Saint Francis Hospital and Medical Center	
Doing Business As	Saint Francis Hospital and Medical Center	
Name of Parent Corporation	Saint Francis Hospital and Medical Center	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	114 Woodland Street Hartford, CT 06105-1299	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Chris Hartley Senior Vice President Planning and Facilities Development	
Contact person's street mailing address	Saint Francis Hospital and Medical Center Planning Office	

	114 woodland Street Hartford, CT 06105-1299	
Contact person's phone #, fax # and e-mail address	860-714-5573 phone 860-714-8093 fax Chartley@stfranciscare.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Construction of a New Patient Care Tower

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|---|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input checked="" type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Saint Francis Hospital and Medical Center 114 Woodland Street, Hartford, CT 06105-1299

- d. List all the municipalities this project is intended to serve: **Saint Francis Hospital and Medical Center's service area covering a 55 town area in North Central Connecticut. See attached list of towns.**
- e. Estimated starting date for the project: **March 2007**
- f. Type of project: **4, 25, 27, 31**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A	N/A	N/A	N/A	N/A

There will be no changes proposed in the Saint Francis Hospital and Medical Center license.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$123,657,659**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$107,499,859
Medical Equipment (Purchase)	\$13,599,000
Imaging Equipment (Purchase)	\$0
Non-Medical Equipment (Purchase)	\$2,558,800
Sales Tax	\$0
Delivery & Installation	\$0
Total Capital Expenditure	\$123,657,659
Fair Market Value of Building lease	\$0
Total Capital Cost	\$123,657,659

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A	N/A	N/A	N/A	N/A

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☒ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

See Attached license.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

See the attached summary and Saint Francis Hospital and Medical Center is not seeking any other licenses.

3. Who is the current population served and who is the target population to be served?

See the attached summary.

4. Identify any unmet need and how this project will fulfill that need.

See the attached summary.

5. Are there any similar existing service providers in the proposed geographic area?

See the attached summary.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

See the attached summary.

7. Who will be responsible for providing the service?

See the attached summary.

8. Who are the payers of this service?

See the attached summary.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number:
- ☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Please refer to the completed affidavit which is attached.

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Saint Francis Hospital and Medical Center Service Area

Primary Service Area

West Hartford
Hartford
East Hartford
Bloomfield
Windsor
Windsor Locks
East Granby
Granby
Suffield
South Windsor
Simsbury
Canton
Avon
Farmington
East Windsor
Ellington
Somers
Stafford/Union
Enfield
Manchester/Bolton
Andover
Vernon
Tolland

Secondary Service Area

Rocky Hill
Wethersfield
Newington
New Britain
Plainville
Cromwell
Berlin
Southington
Glastonbury
Marlborough
Hebron
Bristol
Burlington
Harwinton
Thomaston
Plymouth
Wolcott
Middletown
Meriden
Middlefield
Portland
East Hampton
Colebrook
Hartland
New Hartford
Norfolk
Barkhamsted
Torrington
Winchester/Winsted

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0054

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Saint Francis Hospital and Medical Center of Hartford, CT, d/b/a Saint Francis Hospital and Medical Center is hereby licensed to maintain and operate a General Hospital.

Saint Francis Hospital and Medical Center is located at 114 Woodland Street and 500 Blue Hills Avenue, Hartford, CT 06105

The maximum number of beds shall not exceed at any time:

65 Bassinets

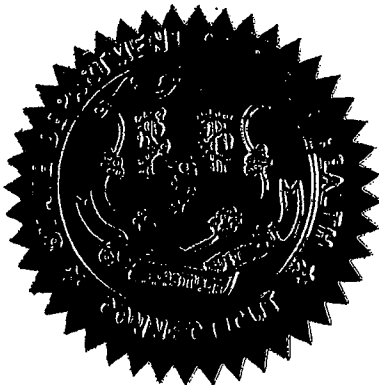
617 General Hospital beds

This license expires **December 31, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2006. RENEWAL.

License revised to reflect:

* Removed (1) Satellite effective 10/15/05



J. Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

Summary

Saint Francis Hospital and Medical Center is a general, acute care, tertiary, teaching hospital offering a wide range of health care services. Saint Francis has been named as a Top 100 hospital by Solucient seven times. Also, Saint Francis Hospital and Medical Center was named a top 100 hospital in cardiovascular services three times. Saint Francis is currently fully accredited by the Joint Commission on Accreditation of Hospitals. There are several major clinical centers of excellence offered at Saint Francis Hospital and Medical Center including cancer, heart, rehabilitation, medicine, orthopedic surgery, neurosciences and Women's services. Saint Francis Hospital and Medical Center is a major teaching affiliate of the University of Connecticut School of Medicine.

Currently, Saint Francis Hospital and Medical Center is licensed for 617 beds and 54 bassinets. Saint Francis operates around 548 beds annually. These staffed beds are located in the Patient Care Tower, Buildings one and two located at 114 Woodland Street and at the Mount Sinai campus. These beds are distributed between the two campuses as follows:

Bed Type	Staffed Beds	Licensed Beds
Med/surgical	371	424
Critical Care	42	42
Maternity	46	62
Subtotal	459	528
Psychiatry (At Mount Sinai)	89	89
Total Adult Beds	548	617
Newborn Bassinets	26	37
NICU Bassinets	28	28
Total Bassinets	54	65

This project hereafter referred to the Saint Francis North Tower project is being undertaken to address current inadequacies in the hospital's Emergency Department, Operating Suites and recovery unit as well as its medical surgical bed supply. These inadequacies are described in the subsequent paragraphs.

The current facilities for surgical services are inadequate. The majority of the existing operating rooms are outmoded and do not meet current state and facility code requirements. They are undersized for the necessary equipment required in the rooms. In addition, the existing PACU is undersized and does not allow smooth patient throughput.

The current Emergency Department is undersized, disjointed and lacks appropriate integrated psychiatric holding areas. There are currently not enough isolation and negative air pressure to meet patient requirements and emergency preparedness demands. In addition, the ambulance staffing areas also need improvement. Adjacencies of current Emergency department and support services need to be addressed to make the staff and patient flow more efficient and functional.

Despite improvements made in 1996 with the construction of the Patient Care Tower many of the Saint Francis Hospital and Medical Center's inpatient medical/surgical beds in Buildings one and two areas are also in need of an upgrade. Most of the medical/surgical beds in these two buildings are undersized and cannot accommodate equipment, or provide appropriate infection control, or meet privacy needs for staff and family. The proposed construction will increase the number of private rooms available at the hospital thus helping to meet privacy, infection control and patient expectations. The new space will also expand monitored bed capability that is required to address the increasingly complex medical conditions being admitted to Saint Francis Hospital and Medical Center.

Given the breadth of the current facility issues and the need to meet the projected demands of the future, Saint Francis Hospital and Medical Center is proposing to construct a new building on Saint Francis Hospital and Medical Center's south campus located at 114 Woodland Street. The new building will be 8 stories high and contain a relocated and expanded Emergency Department, modern surgical suites, three medical/surgical inpatient floors containing replacement beds as well as space for materials management and central sterile department. There will also be appropriate mechanical support space. This construction project will also provide space for housekeeping, purchasing, an expanded pharmacy and the morgue in the Patient Care Tower basement.

The major benefits of this proposal will be the creation of more private inpatient rooms, construction of a modern state-of-the-art surgical suites which will increase the size of the operating rooms and recovery bays as well as the expansion of the number of treatment spaces in the Emergency Department.

This project will not affect other area providers since Saint Francis Hospital and Medical Center is meeting the demand of its existing patient base from the greater Hartford area and beyond. In addition, the health care delivery system in Connecticut will benefit from this proposal as patients referred to Saint Francis Hospital and Medical Center from outlying community hospitals will be treated in a more modern, more efficient, state-of-the-art health care facility.

No new licenses are being sought, nor will the number of licensed beds be changed as a result of this project.

Saint Francis Hospital and Medical Center accepts all patients regardless of their race, creed, age, gender, religion or their ability to pay. Saint Francis Hospital and Medical Center expects the payer sources to be unchanged as a result of this project.

File:g:word: north tower loi summary

HOSPITAL AFFIDAVIT

Applicant: **Saint Francis Hospital and Medical Center**

Project Title: **Construction of a New Patient Care Tower**

I, **Christopher Dadlez, President and Chief Executive Officer**

(Name)

(Position – CEO or CFO)

of **Saint Francis Hospital and Medical Center** being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.

☒ Yes ☐ No

2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.

☐ Yes ☒ No


Signature

July 14, 2006
Date

Subscribed and sworn to before me on July 14, 2006

Martha E. Hartle

Notary Public/Commissioner of Superior Court

My commission expires: _____

MARTHA E. HARTLE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2009

File:g:word: Affidavit Med Surg OR LOI